

SAMPLE PARENT LETTER  
SUMMER FOOD SERVICE PROGRAM (SFSP)

*Enrolled Programs and Camps not Charging Separately for Meals*

Dear Parent/Guardian:

The \_\_\_\_\_ is planning to seek assistance for nutritious meals served under the Summer Food Service Program for Children. This program is funded by the U.S. Department of Agriculture and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

**FOOD STAMP/TFA HOUSEHOLDS:** If you currently receive Food Stamps or “Temporary Family Assistance” (TFA) for your child, you only have to list your child’s name, food stamp or TFA case number and sign the application. A child who receives food stamps or TFA benefits is automatically eligible for free meals in the Program.

**ALL OTHER HOUSEHOLDS:** If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

**HOUSEHOLD MEMBERS:** List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.

**SOCIAL SECURITY NUMBERS:** List the social security number of the adult household member who signs the application. If the adult does not have a social security number, print “None”.

**CURRENT INCOME:** List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), and where it is from, such as wages, retirement or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

**SIGNATURE:** An adult household member must sign the application.

**FOSTER CHILDREN:** In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

**NONDISCRIMINATION:** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**REAPPLICATION:** If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

**Note: Attach the current reduced price income guidelines**

**Attach to Parent Letter**

**GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS**

**EFFECTIVE FROM JULY 1, 2007 - JUNE 30, 2008**

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEKLY</u>	<u>WEEKLY</u>
1	18,889	1,575	727	364
2	25,327	2,111	975	488
3	31,765	2,648	1,222	611
4	38,203	3,184	1,470	735
5	44,641	3,721	1,717	859
6	51,079	4,257	1,965	983
7	57,517	4,794	2,213	1,107
8	63,955	5,330	2,460	1,230
Each Additional Family Member	+6,438	+537	+248	+124